



# CITY OF UPLAND CLAIM FOR DAMAGES TO PERSON OR PROPERTY

**FILE WITH:**

**INSTRUCTIONS:**

1. Claims for death, injury to person or to personal property must be filed not later than six (6) months after the occurrence. (*Government Code Section 911.2*)
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence. (*Government Code Section 911.2*)
3. Read entire claim form before filing.
4. See Page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed at the bottom of page 2.
6. If necessary, attach additional sheets to give full details. **SIGN EACH SHEET.**

**CITY OF UPLAND  
CITY CLERK'S OFFICE  
460 NORTH EUCLID AVENUE  
UPLAND, CALIFORNIA 91786**

Name of Claimant \_\_\_\_\_ Birth Date of Claimant \_\_\_\_\_

Home Address of Claimant \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Business Address of Claimant \_\_\_\_\_ Occupation of Claimant \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

Address and telephone number to which claimant desires notices or communications to be sent regarding this claim: \_\_\_\_\_

When did DAMAGE or INJURY occur? \_\_\_\_\_ Name of any City Employees involved in DAMAGE or INJURY: \_\_\_\_\_  
DATE \_\_\_\_\_ TIME \_\_\_\_\_

If claim is for Equitable Indemnity, \_\_\_\_\_  
DATE \_\_\_\_\_ claimant served.

Where did DAMAGE or INJURY occur? Describe fully and locate on diagram on the reverse side of this form. Where appropriate, give street names and addresses and measurements from landmarks. \_\_\_\_\_

Describe in detail how DAMAGE or INJURY occurred. \_\_\_\_\_

Why do you claim the City is responsible? \_\_\_\_\_

Describe in detail each DAMAGE or INJURY. \_\_\_\_\_

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):

Estimated prospective damages as far as known:

Damages to property \$ \_\_\_\_\_  
 Expenses for medical and hospital care \$ \_\_\_\_\_  
 Loss of earnings \$ \_\_\_\_\_  
 Special damages \$ \_\_\_\_\_  
 For \_\_\_\_\_  
 General damages \$ \_\_\_\_\_  
 Total damages incurred to date \$ \_\_\_\_\_

Future medical and hospital expenses \$ \_\_\_\_\_  
 Future loss of earnings \$ \_\_\_\_\_  
 Prospective special damages \$ \_\_\_\_\_  
 Other prospective special damages \$ \_\_\_\_\_  
 Total estimated prospective damages \$ \_\_\_\_\_

Total amount claimed as of date of presentation of this claim: \$ \_\_\_\_\_

Was damage and/or injury investigated by police? \_\_\_\_\_ If so, what agency? \_\_\_\_\_ Report Number \_\_\_\_\_

Were paramedics or ambulance called? \_\_\_\_\_ If so, name of agency or ambulance service: \_\_\_\_\_

If injured, state date, time, name and address of doctor of your first visit: \_\_\_\_\_

WITNESSES to DAMAGE or INJURY: List names and addresses of persons known to have information:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

DOCTORS and HOSPITALS:

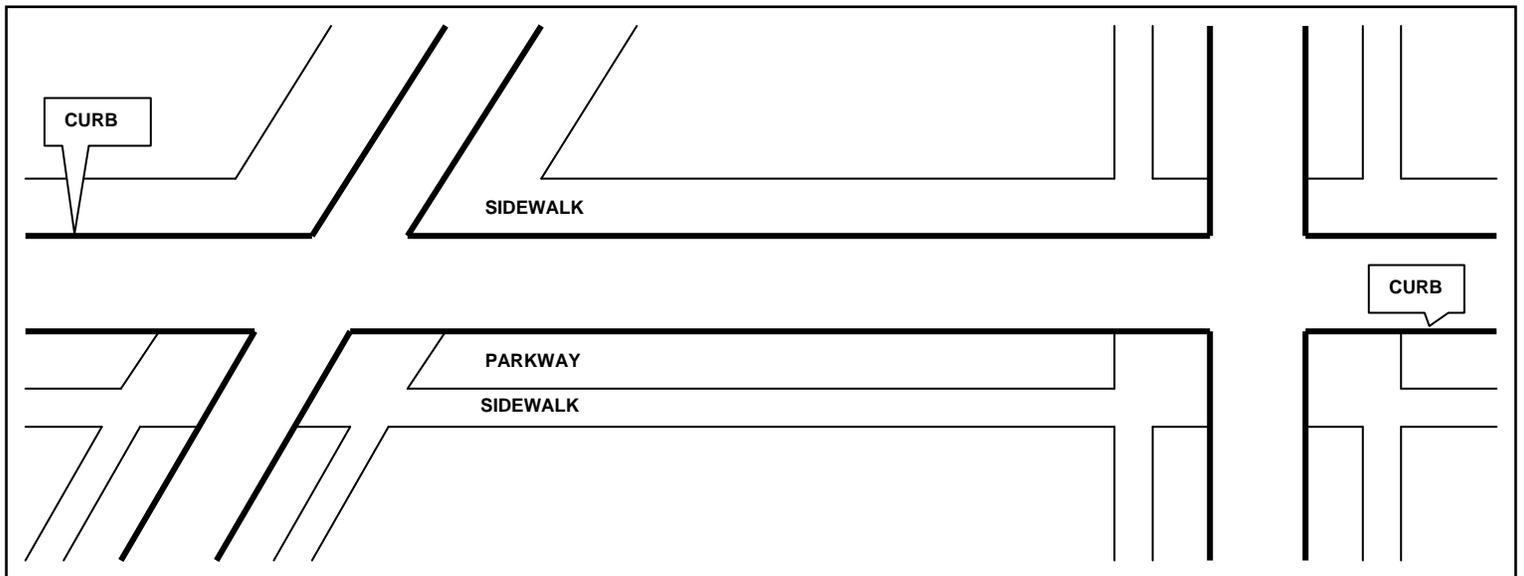
Hospital \_\_\_\_\_ Address \_\_\_\_\_ Date(s) Hospitalized \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date(s) of Treatment \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date(s) of Treatment \_\_\_\_\_

**READ CAREFULLY**

For all accident claims, place on the following diagram names of streets including North, East, South and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it and by "B" location of yourself or your vehicle when you first saw

City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagram below does not fit the situation, attach hereto a proper diagram signed by the claimant.



Signature of Claimant or Person filing on his/her behalf giving relationship to Claimant: \_\_\_\_\_ Date of Presentation: \_\_\_\_\_  
 Type or Print Name: \_\_\_\_\_

**NOTE:** Claims must be filed with the City Clerk (Government Code Section 915a). Presentation of a false claim is a felony (Penal Code Section 72).